

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000101829**
 1. Entity Name **Drel (Florida) Inc**

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90044 015 ***150.00

Principal Place of Business Mailing Address
90 Wayne M. Levine Law Office 90 Wayne M. Levine Law Office
777 Lantana Road 777 Lantana Road
Lantana, FL 33462 Lantana, FL 33462

720323

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
90 Petra Roller Coast to Coast 90 Petra Roller Coast to Coast
 Suite, Apt. #, etc. Suite, Apt. #, etc.
5051 Castello Dr #17 5051 Castello Dr #17
 City & State City & State
Naples, FL Naples, FL
 Zip Country Zip Country
34103 USA 34103 USA

4. FEI Number **650880317** Applied For ☐ Not Applicable ☐
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Polly Cohan
90 Wayne M. Levine Law Office
777 Lantana Road
Lantana, FL 33462

7. Name and Address of New Registered Agent
 Name **Petra Roller 90 Coast-to-Coast**
 Street Address (P.O. Box Number is Not Acceptable) **5051 Castello Dr. #17**
 City **Naples** FL Zip Code **34103**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE **P. Roller** PR **Petra Roller** DATE **4/13/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D/P/S Hahn, Ernst A	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS	Ob. Rosenbergweg 26		STREET ADDRESS		
CITY-ST-ZIP	CH-4123 Allschwil, Switzerland		CITY-ST-ZIP		
TITLE	VP/ + Ruth Hahn	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS	Ob. Rosenbergweg 26		STREET ADDRESS		
CITY-ST-ZIP	CH-4123 Allschwil, Switzerland		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: **E H Hahn** **Ernst Hahn President** DATE **4/13/00** DAYTIME PHONE # **9415663511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)